

6-2002

Digest of the Philadelphia College of Osteopathic Medicine (Summer 2002)

Philadelphia College of Osteopathic Medicine

Follow this and additional works at: <http://digitalcommons.pcom.edu/digest>



Part of the [Medical Education Commons](#), and the [Osteopathic Medicine and Osteopathy Commons](#)

Recommended Citation

Philadelphia College of Osteopathic Medicine, "Digest of the Philadelphia College of Osteopathic Medicine (Summer 2002)" (2002).
Digest. Book 186.
<http://digitalcommons.pcom.edu/digest/186>

This Book is brought to you for free and open access by DigitalCommons@PCOM. It has been accepted for inclusion in Digest by an authorized administrator of DigitalCommons@PCOM. For more information, please contact library@pcom.edu.

FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

DIGEST

2002 No 2

helping people AGE SUCCESSFULLY



OPENING REMARKS

Dear Friends,

Institutions of higher learning, once judged on the basis of instructional processes, are now focusing on outcomes as their primary indicator of quality. The contents of this issue of *Digest* highlight some of these outcomes, and reinforce the high level of excellence at which the instructional, research and service missions of Philadelphia College of Osteopathic Medicine are being achieved.



Our cover story highlights Dr. Katherine Galluzzi, and her provision of quality and compassionate health care for senior citizens. We also meet the Matkiwskys, a wonderful, multi-generational PCOM family with graduates of PCOM's osteopathic medical and physician assistant studies programs working side by side to promote health and expand service.

Also in this issue, we learn about research providing psychological insight into impediments to patient compliance, and we learn about new academic programs keeping PCOM at the cutting edge. Faculty and alumni achievements also manifest the vibrancy of our community.

I know you share my pride in the continuous quest for excellence that has kept PCOM at the forefront for over a century. With our strategic planning process forging feedback loops for continuous improvement, PCOM's future will be worthy of its glorious past.

Enjoy!

With warmest regards,

Matthew Schure, PhD
President and Chief Executive Officer

DIGEST

FEATURES

- 6** **IT'S A FAMILY PRACTICE AFFAIR**
Walter Matkiwsky, DO '69, turns to his son, Daniel Matkiwsky, DO '97, and daughter, Roxanne Smith, MS/PA '01, to expand his practice and lessen pressure on himself.



ON THE COVER
Katherine Galluzzi, DO, cares for a hospitalized geriatric patient.

8



HELPING PEOPLE AGE SUCCESSFULLY

As the elderly population grows, Katherine Galluzzi, DO, aims to attract more medical students to geriatric medicine through PCOM's geriatrics fellowship program.

- 16** **WHY DON'T PATIENTS COMPLY?**
Cheryl Patchin (PsyD '02) tackles the subject in her doctoral dissertation and comes up with some interesting ideas.

DEPARTMENTS

- 2** **PCOM UPDATES**
Master of Science program offers forensic and emergency medicine; PCOM Marketing goes hi-tech; Spring phonathon exceeds goal.
- 18** **CLASS NOTES**
Daria Starosta, DO '83, provides care for the needy; Lt. Nishith Jobanputra, DO '99, MPH, journals military medicine at sea; Richard Jermyn, DO '92 specializes in AIDS pain relief.
- 28** **ESSAY**
Edward John Devine, father of Mathew Devine (DO '04), urges DOs to employ patients' faith as a healing agent.

DIGEST

EDITOR

Christine M. Dorian

CREATIVE DIRECTOR

Wendy W. Romano

ASSOCIATE EDITORS

Pamela Ruoff
Florence D. Zeller
Carol L. Weisl

GRAPHIC DESIGNER

Lisa Smith

CONTRIBUTING WRITERS

Jeffrey Bramnick
Edward John Devine
Nancy West
Dorothy Wright

PHOTOGRAPHERS

Bruce Fairfield
Jeff Reeder
John Shetron

CONTACT US

Phone: 215.871.6300
Fax: 215.871.6307
E-mail: communications@pcom.edu
Mail: 4180 City Avenue
Philadelphia, PA 19131

www.pcom.edu

Digest, the magazine for alumni and friends of Philadelphia College of Osteopathic Medicine (Vol. 63, No. 7, USPS, 413-060), is published three times a year by the Departments of Marketing & Communications and Alumni Relations & Development. Periodical postage paid at Bala Cynwyd, PA, and at additional mailing offices. POSTMASTER: Send address changes to:
Digest
Alumni Relations & Development
Philadelphia College of Osteopathic Medicine
4180 City Avenue
Philadelphia, PA 19131

Opinions expressed are not necessarily shared by the College or the editors.



PCOM UPDATES

EDITOR'S NOTE

Since PCOM now offers a variety of degree programs, we've developed a system to identify students and alumni by program in *Digest*:

PROGRAM	STUDENT	ALUMNUS/A
Doctor of Osteopathic Medicine	(DO '04)	DO '75
DO/Master of Business Administration	(DO/MBA '04)	DO/MBA '98
DO/Master of Public Health	(DO/MPH '04)	DO/MPH '94
<i>New program!</i> DO/PhD in Health Policy	(DO/PhD '07)	DO/PhD '07
Master of Science in Biomedical Sciences	(MS/Biomed '03)	MS/Biomed '96
Master of Science in Physician Assistant Studies	(MS/PA '03)	MS/PA '00
<i>New program!</i> Master of Science in Health Sciences • Forensic Medicine • Emergency Medicine	(MS/FM '06) (MS/EM '06)	MS/FM '06 MS/EM '06
Doctor of Psychology	(PsyD)* <i>* Since program is 5-7 years, a student's graduation year is usually not known.</i>	PsyD '00
Master of Science in Clinical Health Psychology	(MS/Psy '03)	MS/Psy '00
<i>New program!</i> Master of Science in Organizational Development and Leadership	(MS/ODL '03)	MS/ODL '03

PCOMUPDATES



PCOM MARKETING GOES HI-TECH!

Now prospective students can learn why PCOM is such a great school for health care professionals by simply popping a CD-ROM into their computers. The College's new high-tech marketing tool and its companion booklet show interested prospects all the benefits PCOM offers with a complete rundown of the College's degree programs, campus and student activities. The CD-ROM also features video clips of faculty and students and convenient links to the PCOM web site.

If you know anyone who may be interested in PCOM's degree programs, why not suggest that he or she call the Admissions Office at 1-800-999-6998 and request a copy of the CD-ROM?

MASTER OF SCIENCE PROGRAM OFFERS TWO NEW TRACKS

Two new tracks of concentration are being planned for the Master of Science degree: forensic medicine and emergency medicine. These advanced degree tracks are designed to provide health care professionals, including physician assistants, nurse practitioners, paramedics and physicians, with advanced knowledge, skills and credentialing.

The forensic medicine track focuses on the emerging demands and roles of medico-legal investigations by medical examiners and medical examiner staff. The program is based on a shared, interdisciplinary faculty drawn from PCOM's basic sciences and physician assistant departments as well as the medical examiner's office. It will provide graduate education opportunities not only for

regional health practitioners, but for PCOM alumni as well.

The emergency medicine track provides advanced clinical training in a master's-level program for health professionals seeking clinical training and the graduate degree credential for career advancement or preparation for entry into the emergency medical services field. The program will tap into a large local corps of potential adjunct faculty (PAs and DOs) with specialty training in the field.

Both programs will increase PCOM's visibility in the health care community, drawing more students to the College and, ultimately, will add new areas of academic excellence to PCOM's institutional identity.

PCOM PARTICIPATES IN RHEUMATOID ARTHRITIS NETWORK COMMUNITY OUTREACH

This spring, PCOM joined forces with the Arthritis Foundation's Eastern Pennsylvania Chapter to present the Rheumatoid Arthritis Network, a series of informative presentations offered free to the community at several locations in Philadelphia, including the PCOM campus.

Eugene Mochan, PhD, DO '77, associate dean, primary care, and professor, family medicine, kicked off the series on April 9 at PCOM with a presentation titled "Rheumatoid Arthritis: A New Look at an Old Disease." He discussed new advances in the treatment of rheumatoid arthritis that have emerged over the past five years. "These new treatments have led to marked diminishing of joint destruction associated with this crippling disease," he said.

Dr. Mochan also noted, "By participation in outreach programs like this, PCOM enhances its reputation as a community-responsive institution."



Dr. Mochan prepares for the arthritis seminar with members of the Eastern Pennsylvania Chapter of the Arthritis Foundation, Stephanie Dench, director, community outreach (left) and Vikki Lassiter, director of health promotion.

PCOMUPDATES

PCOM GYMNASIUM GETS NAME



The gymnasium at the PCOM Activities Center was recently christened the Alumni Gymnasium. The new name honors the Alumni Association for completing its pledge to the PCOM Mission Campaign. The Alumni Association

gave nearly \$500,000 to the College, which will be divided into two endowed funds – the Alumni Association Faculty Support Fund and the Alumni Association Research Fund.

WHAT'S YOUR LINE?

Go online and tell us!

Visit the alumni and friends Web page at www.pcom.edu to see the latest news and to tell us yours.

PHONATHON EXCEEDS GOAL

The goal for this year's annual spring phonathon was set at an ambitious \$190,000. When the phones stopped ringing in April, Alumni Relations & Development had garnered 1,221 pledges totaling \$192,989. Money raised from this phonathon supports the DO Student Scholarship Fund. According to Lori Clarke, annual giving officer, the success is due to PCOM's generous alumni as well as the student callers. If you missed your call, look for a "sorry we missed you" letter in your mailbox. Your gift will help keep PCOM strong.

PCOM AND SIXERS' JAM

PCOM was highlighted in the half-hour television magazine show, "Sixers' Jam," which precedes Philadelphia 76ers' basketball games. The five-minute spot was introduced by the 76ers' team physician, John McPhilemy, DO '78, chairman and professor of orthopedic surgery, who gave an overview of the College and its offerings. Alexander S. Nicholas, DO '75, professor and chairman, OMM Practice Plan, explained osteopathic manipulative medicine, and Matthew Schure, PhD, president, discussed the partnership between the 76ers and PCOM. The 76ers' mascot, Hip Hop, and his sidekick, Lil 'G, toured the campus with a film crew looking in on classrooms, the OMM lab and the 76ers' practice court in the Alumni Gymnasium. The spot gave fans a good look at PCOM, its mission, facilities and degree programs.



Alexander Nicholas, DO '75, professor and chairman, OMM Division (far right), explains OMM for "Sixers' Jam."



PCOMUPDATES

KUDOS

Brendan Anzalone (DO '04) was the lead author of the article "EMS response to aortic aneurysms and dissections," which was published in the January 2002 issue of *Journal of Emergency Medical Services*. His co-authors were **William Thomas Crow, DO**, assistant professor, osteopathic manipulative medicine and **Steven Costalas, DO '93**.

Jeff Berger (DO '04) co-authored the paper "The effects of memory demand and subject performance on prefrontal cortical activity," which will be published in *Journal of Cognitive Neuroscience*. He also will present a poster he co-authored, "Dissociating age-related effects of cognitive strategy and neural efficiency using event-related MRI" at the Cognitive Neuroscience Society. His co-authors for both were B. Rypma and M. D'Esposito.

William Thomas Crow, DO, assistant professor, osteopathic manipulative medicine, and **David Keller, (DO '02)**, co-authored the article "Treatment of otitis media with osteopathic manipulation: report of a case and discussion," which was published in the January 2002 issue of *Journal of the Pennsylvania Osteopathic Medical Association*. He also was the co-author, with OMM Fellow Sheryl Lynn Oleski (DO '02) and Gerald Smith, DDS, of "Radiographic evidence of cranial bone mobility," which was published in the January 2002 issue of *Journal of Craniomandibular Practice*. Dr. Crow also co-authored, with Conrad A. Speece, DO and Steven L. Simmons, DO, the book *Ligamentous Articular Strain: Osteopathic Manipulative Techniques for the Body* (Eastland Press).

Jane Dumsha, CHES, director, academic research development, was mentioned in the *Times News*, Lehigh, Pa., for her participation at a ribbon-cutting ceremony at Eastcentral PA Health Education Center. The Center, which formally opened in December, works with PCOM to place medical students with physicians for four-week rural rotations.



Perla del Pino-White (DO '03)

Perla del Pino-White (DO '03) received the William G. Anderson, DO, Scholarship for Minority Students at the American Osteopathic Association convention last October. The award was presented in recognition of her community service through PCOM's chapter of the Student National Medical Association. She also was recognized for creating a PCOM chapter of the National Boricua Latino Health Organization and for starting the College's medical Spanish club (see *Digest*, 2002, No. 1).

Ryan M. Smith (DO '04) received third-place honors in the Student Osteopathic Medical Association's (SOMA) National SOMA Research Program for his poster titled "The usefulness of gait analysis to evaluate Achilles tendon compared to femoral nerve injuries." His co-authors were Daniel Raab, DO, **Brian Seaman (DO '04)**, **Bret Smith (DO '02)** and **Charlotte Greene, PhD**, professor, biomedical sciences.

Larry Starr, PhD, coordinator of organizational development and leadership program, psychology, authored the articles "Are humans obsolete as OSHA instructors?" published in *Occupational Health and Safety* and "Automated external defibrillation in the occupational setting," published in the *Journal of Occupational and Environmental Medicine*. He co-authored a comprehensive resource guide on stress management for the American College of Occupational and Environmental Medicine: "ACOEM resources/response guidelines for occupational physicians who may deal with psychological trauma in the workplace as a result of the September 11 terrorist attacks." Recently, he was featured in three interviews. "The human response to disaster and strategies to manage stress" was published by the Professional Convention Management Association. "OMB official pushes OSHA, HHS to move on safety, health issues" was published by the Bureau of National Affairs, Regulation, Law & Economics. "ACOEM guidelines say system needed for workplace defibrillators" was published in *Inside OSHA*.

NEW OMM FELLOWS ANNOUNCED

This year's fellows in the C. Paul Snyder, DO Osteopathic Manipulative Medicine (OMM) Fellowship Program are third-year students **Jocelyn Idema**, **Brian Acunto**, **Julia Mae Helstrom** and **Daniel J. Csazar**. The students will attend PCOM for an additional 12 months over a three-year period, serving in the College's OMM department. They will see patients, help teach students and participate in research. The fellowship's purpose is to reinforce and develop students' skills in OMM, and to have the students serve as role models for their peers.

ANNUAL REPORT WINS AWARD

PCOM's 2001 Annual Report received an award of merit from the Seventeenth Annual Admissions Advertising Awards.

WALTER Matkiwsky, DO '69

DANIEL MATKIWSKY, DO '97
ROXANNE SMITH, MS/PA '01

IT'S A FAMILY PRACTICE AFFAIR

A PCOM alumnus turns to his DO son and PA daughter to expand his practice and lessen pressure on himself.



Who says you can't teach an old doc new tricks? More than three decades into his career as an active family practitioner, Walter Matkiwsky, DO '69, is still evolving his practice...and his thinking.

He's added his son, Daniel Matkiwsky, DO '97, and his recently married daughter, Roxanne Smith, MS/PA '01, to his busy office and hospital practice in northern New Jersey.

The decision to bring aboard his son and daughter hinged on whether the growing practice could support another physician and a physician assistant.

But it wasn't always merely a matter of finances.

"Years ago, I didn't know what PAs could do; I didn't understand the level of their abilities, and I worried that they might compete with physicians," recalls the father. "A PA is not a substitute for a physician, but they sure can take some of the pressure off you."

Slowly, at first, he learned to rely on PAs who work at Union Hospital, Overlook Hospital and St. Barnabas Medical Center. "I see five to eight patients a day at the hospital and I make ER calls, too," he explains. "I

was on my own and so busy that I started to rely on PAs in admitting, taking history and physicals and, gradually, for many other functions."

He gained so much trust in the PAs' training and abilities that when Roxanne told him she was interested in becoming a PA, he offered the kind of encouragement that comes with professional, and fatherly, experience.

"My father is an 'old-time doctor,' who gives patients the time they need," Roxanne says proudly. "I can free up more of his time to spend with more difficult cases by handling the

“THE HARDEST THING IS PROVING YOURSELF TO THE PHYSICIAN AND ALSO TO THE PATIENT. PEOPLE STILL DON’T KNOW WHO WE ARE AND WHAT WE’RE ABLE TO DO.”

—ROXANNE SMITH, MS/PA '01

pharmacy calls, patient questions, labs, some exams and more.”

By taking his daughter on hospital rounds, the father realizes he’ll deepen the knowledge she gained at PCOM. During her years of study, she attained required skills in drug dose calculations, writing prescriptions, phlebotomy, complete blood counts, interpretation of lipid panels, blood glucose, wound management, reading films, chest tube insertion, seven types of suturing, pelvic exams and Pap smears, prostate and rectal exams, electrocardiograms and many more.

At PCOM, Kenneth R. Harbert, PhD, CHES, PA-C, professor and chair, physician assistant studies, and others drilled Roxanne in taking a history and physical exam, and stressed its importance. Her high level of communications skills is already evident.

“Our program is not a watered-down version – the students must meet the core competency levels and take preceptorships in family medicine, internal medicine, GYN/prenatal, general surgery, emergency medicine, pediatrics and behavioral medicine,” notes Dr. Harbert. “Today, 70 percent of PAs are in primary care.”

Dr. Matkiwsky says family practice is the perfect place for a physician assis-

tant, although he quickly recalls that his brother, surgeon Zenon Matkiwsky, DO '62, swears by the PAs in his OR and routinely puts in requests for the PAs he feels most comfortable having work alongside him. “It’s like having a third hand,” adds Walter Matkiwsky.

Will PAs compete with physicians? Dr. Harbert says that simply can’t happen because of the nature of their work. “We’re not seeking independent status, and the PA enjoys a 30-year legacy of working with physicians who supervise,” he explains.

Dr. Matkiwsky breathed one sigh of relief when his son came aboard. Now, Roxanne will be able to help her father and brother.



Roxanne Smith, MS/PA'01



Daniel Matkiwsky, DO '97

“There are history and physicals, compensation physicals (paperwork), immunizations, draw bloods, lab work review, EKGs, examining for and treating URIs, handling patient call-backs, picking up on red flags and alerting us to them. There’s plenty for Roxanne to do,” says the father. “She zips around on the computer, which I don’t know too well, and she’s already

been a major help with that. She’s going to be an increasingly big asset for us.”

One plan Dr. Matkiwsky is putting into action will utilize Roxanne’s communications skills to increase the emphasis on preventive medicine. The plan is for Roxanne to work with the younger patients, taking the time to educate them about their individual risk factors in cardiovascular health and also to work with diabetics and patients at risk for diabetes. “I’ve always been a big believer in preventive medicine and do what I can, but

“ONCE I LEARNED WHAT THEY [PHYSICIAN ASSISTANTS] COULD DO, AND WHEN AND WHEN NOT TO USE THEM, I BECAME INCREASINGLY COMFORTABLE WITH RELYING ON THEM.”

—WALTER MATKIWSKY, DO '69, FAMILY PRACTITIONER WITH OFFICES IN HILLSIDE, KENILWORTH AND SHORT HILLS, NEW JERSEY.

Roxanne will be able to take much more time with this than her brother or I can,” emphasizes the father. “You have to get to the patients about this when they’re young.

“I’m an old doc, but I’m really excited about the future!”





HELPING PEOPLE age SUCCESSFULLY

In *You're Only Old Once!*, the venerable Dr. Seuss wrote of a fanciful place called Fotta-fa-Zee, where robust centenarians live healthy, carefree lives with no need for doctors. Unfortunately, Dr. Seuss left no road map to this wonderful place, so older

Americans will just have to continue muddling along in the real world.

Today America has almost 35 million aging baby boomers, and in 30 years, 70 million Americans will be 65 years and older – representing one-fifth of the population. Yet, according to the American Geriatrics Society, there are fewer than 9,000 certified geriatricians today. This number is expected to decline dramatically in the next few years as practicing geriatricians retire at the same time the baby boom generation attains



Medicare eligibility. It is clear that there is an urgent need to increase the number of practicing geriatricians in the United States.

Katherine E. Galluzzi, DO, is casting pebbles into the center of that pool and watching

the circles of ripples expand. Professor, chair and program director of geriatric fellowship of the department of geriatric medicine, Dr. Galluzzi joined PCOM in 1992. She received her DO from the West Virginia School of Osteopathic Medicine in 1984. Her post doctoral training included a traineeship and clinical preceptorship with the University of Pennsylvania Center for the Study of Aging (1988-1989). Her expertise includes long-term care, urinary incontinence and dementia evaluation.

ACCORDING TO THE AMERICAN GERIATRICS SOCIETY, THERE ARE FEWER THAN 9,000 CERTIFIED GERIATRICIANS TODAY

As with many physicians who choose to specialize in geriatrics, there are personal stories behind her decision. She was inspired to pursue medicine by her father, an allopathic internist who served as a regional administrator in the U.S. Public Health Service. But it was her grandmother who sparked an interest in geriatrics. "My grandmother, Concetta Santora, came to this country from Italy when she was 19. She and my grandfather raised a family of four in Flatbush, Brooklyn during the Depression," Dr. Galluzzi recalls. "Every Sunday we ate dinner at their home – incredible meals that went on all day. She was the hub in the wheel of our family. She had 27 grandchildren, nieces and nephews, yet she made each of us feel we were the center of her universe. I admired her strength, spirit and ability to touch everyone in a unique way. She remained spry until she died at age 91."

Dr. Galluzzi says studies have shown that most individuals who go into geriatrics have had positive prior experiences with older people. "Others avoid geriatrics, I think, because they feel uncomfortable around older persons," she says. "Aging and death are taboo in our youth-oriented culture, and people expend huge amounts of energy trying to stay young instead of embracing the qualities of wisdom, experience and belongingness that can come with aging."

They also may feel that older persons are difficult patients. "The word 'difficult' does not really pertain," Dr. Galluzzi insists. "Rather, older persons frequently have more challenging medical conditions than younger ones, which make them much more interesting from a medical standpoint."

In fact, she believes, "The practice of geriatric medicine is one of the most intellectually challenging, yet most rewarding of medical disciplines."

A TEAM APPROACH

The geriatrics programs at PCOM are designed to interest medical students and fellows in this rewarding field. Second-year medical students study geriatric medicine as part of the Physiologic Basis of Medicine course. "The course is designed to help them understand the complex, multidimensional issues involved in the care of elderly patients and become familiar with their medical management," Dr. Galluzzi explains.

This includes cardiopulmonary medicine, neurology, infectious disease, hematology/oncology, rheumatology and psychiatry. Geriatric medicine is taught by members of the department of geriatrics as well as faculty from other clinical disciplines. "This is in keeping with the interdisciplinary nature of geriatric medicine," Dr. Galluzzi says. "Comprehensive medical care of the elderly requires a team approach."

It's a beautiful crisp autumn day as a team heads out to make home visits. First-year PCOM geriatrics fellow Greg Busch, DO '98, and Ed Manigault (DO '02) climb into the

navy blue Chevy Blazer driven by Diane Fox, CRNP, who is also Dr. Galluzzi's right hand. They pull up at a modest row home on a tree-lined street in the Overbrook section of Philadelphia, and knock at the door of Mr. C. It's their first visit to the home of this 86-year-old African American widower, who worked at Philadelphia's Naval Supply Depot until his retirement in 1984. A daughter and grandson moved back home to look after him after he became frail. They are concerned about his asthma, growing confusion and unfounded fears of intruders. A local policeman suggested the family look into PCOM's home visit program.

Mr. C is seated in his cluttered living room, his neat dress slacks and shirt draping loosely over his thin frame. Dr. Busch, Fox and Manigault conduct a thorough intake interview with Mr. C and his relatives. Then Dr. Busch leads the elderly gentleman into the kitchen to examine him. While he's at it, he checks out the safety aspects of the kitchen and peeks in the cabinets and fridge to see if there is a supply of nutritious food.

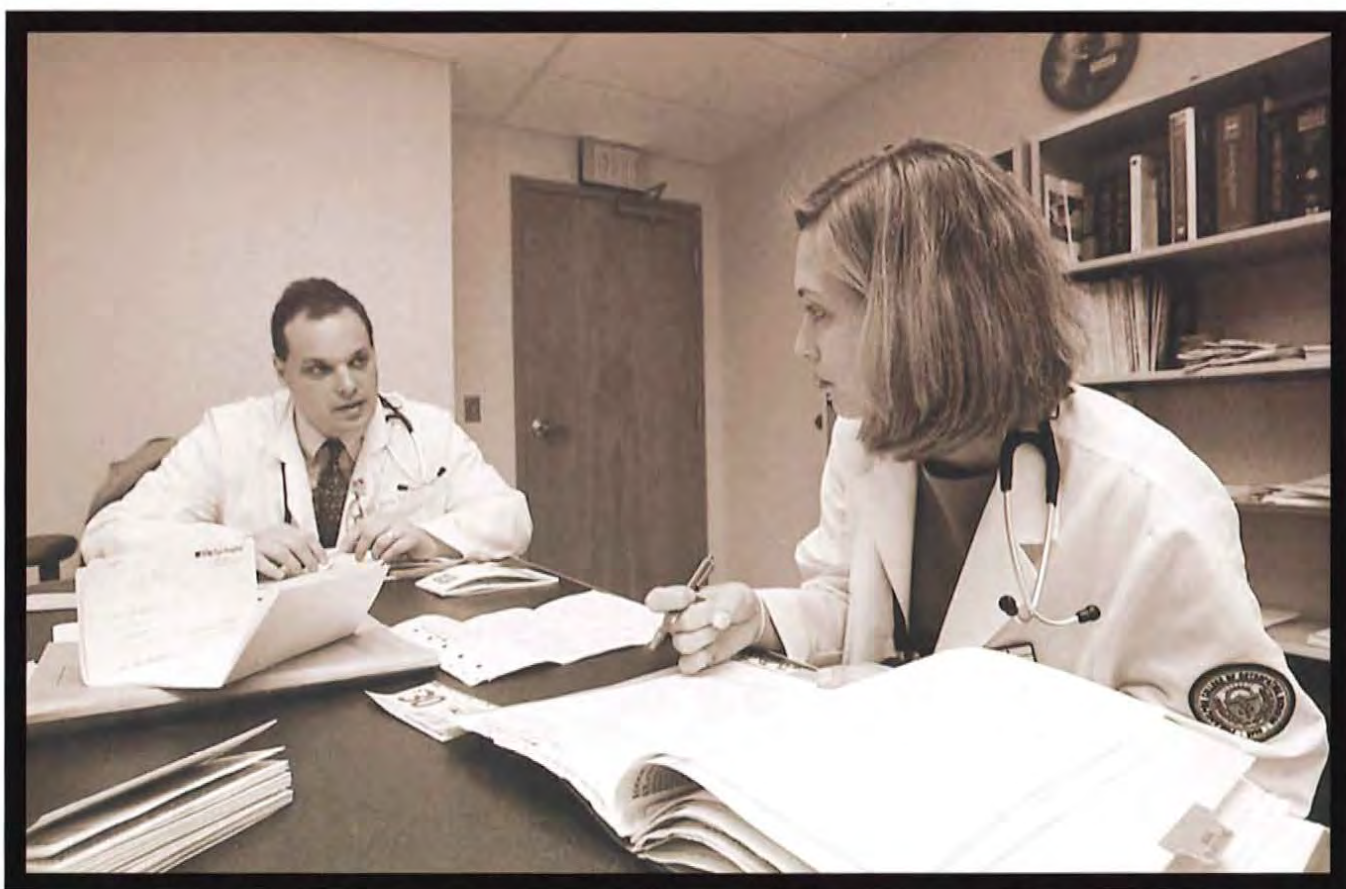
Back in the living room, Fox is as much a family counselor as nurse practitioner, suggesting books and other resources on caring for elders. "It's hard," she says. "You're doing everything right, but I know it doesn't feel like it to you." She reassures the family that Mr. C does not have to go into the hospital. "Our goal is to manage patients at home," she says.

Mr. C, reserved at first, is freely answering the team's questions. Dr. Busch explains they will know more after the blood work; meanwhile, he prescribes a low dose of Norvasc for Mr. C's high blood pressure. The team will visit every two weeks at first, performing cognitive and other tests, then every four weeks. As they leave after the hour-long visit, there are smiles and handshakes all around, and the grandson asserts, "I know I did the right thing calling you."

Home care is an integral part of training for PCOM medical students, residents and geriatrics fellows. "You really get the sense of what it is like to be a doctor treating the whole patient," Manigault says. "I think fourth-year students look forward to it."



Katherine E. Galluzzi, DO, professor, chair and program director of geriatric fellowship of PCOM's department of geriatric medicine, consults with Melissa Taylor, CRNP at Inglis House.



(top) Second-year PCOM geriatrics fellow Michele L. Boornazian, DO '98, center, and Diane Fox, CRNP, left, of PCOM's department of geriatric medicine, conduct a home care visit with patient Mae Samples. (bottom) First-year PCOM geriatrics fellow Greg Busch, DO '98, left, discusses patients with Stephanie McMullen, (DO '03).

LEGISLATION AIMS AT IMPROVING HEALTH CARE FOR OLDER AMERICANS

In 2001, two Arkansas legislators introduced bills aimed at improving health care for older Americans. Last August, U.S. Senator Tim Hutchinson, R-Ark., introduced a bill that seeks to attract medical professionals and students to the study of geriatrics with added funding, fellowships and recognition of achievement. According to the American Geriatrics Society (AGS), the bill calls for increases in the number of Geriatric Academic Career Awards for qualified health care professionals at accredited medical schools. Recipients will be eligible for \$70,000 for fiscal year 2002, with the amount adjusted for inflation in the years ahead, to enhance their skills and engage in research that will develop preventive, curative and palliative treatments for age-related health problems. The bill also overturns previous legislation that resulted in the reduction of such funding.

Similarly, in April 2001, U.S. Senator Blanche Lincoln, D-Ark., introduced legislation – the Geriatric Care Act of 2001 – that would increase the number of geriatricians through training incentives and increased Medicare reimbursement for geriatric care.

AGS is hopeful that some part of these bills will be advanced as part of larger Medicare reform during 2002.



“Students like interacting with actual geriatric patients in their own homes,” notes Fox.

Second-year fellow Michele Boornazian, DO '98, reflects, “When I was a medical student I thought it was a great opportunity. There are barriers – some of the homes we visit are not the most hygienic – and it is time-consuming. But you learn things about your patients in the home that you don't in the office: who their caregivers are, whether their food is nutritious, and so forth.”

CHANNELING SCARCE RESOURCES

PCOM's two-year geriatrics fellowship is one of only four osteopathic geriatrics fellowship programs in the country approved by the American Osteopathic Association, according to Dr. Galluzzi. The primary goal in designing the program was to provide family medicine residents with extensive training in the care of the geriatric patient, with special emphasis on osteopathic principles and practice in patient care.

“Geriatrics is emerging during times of constrained resources and a limited number of qualified faculty members,” says Dr. Galluzzi. “To encourage the growth of geriatrics while maintaining standards of quality, scarce resources must be channeled to deliver maximum training of the next generation of academic leaders who will shape and deliver geriatric education.”

Each fellow's yearly program consists of two six-month semesters, including a one-month orientation to campus resources, clinical service delivery routes and research activity. Fellows develop skills in all phases of the continuum of care through longitudinal experience and block rotations. In the hospital, residents receive concentrated experience in acute care geriatrics during rotations and when providing weekend coverage. They are first on call for the nursing home, ambulatory practice and hospital. During the second year, residents begin independent research while gaining longitudinal experience in the ambulatory and long-term care settings.

“We treat the patient, not the chart,” Dr. Galluzzi maintains. “Basic osteopathic medicine relies on using all the senses to identify what is wrong with a patient, including all the subtleties. We avoid relying on lab results to direct care.”

• • • • •

It is morning at Inglis House, a 296-bed nursing facility in Philadelphia, which brings together adults, age 17 and older, with all types of physical disabilities to live together in an active community. Here long-term care includes 24-hour nursing and medical care, various therapies and access to educational and vocational opportunities designed to foster independence. Residents dart through the hallways in motorized wheelchairs. A computer screen is flickering, and the
(continued on page 14)

Dr. Galluzzi checks in on patients at Inglis House (left) and the hospital (opposite page).



HRSA programs support GERIATRICS TRAINING

The U.S. Health Resources and Services Administration (HRSA) administers a number of geriatrics programs whose goal is to train high-quality health care providers in geriatrics. "HRSA focuses on education and training with the goal of increasing the number of geriatrics providers," says Laura Griffin, an HRSA spokesperson. "It is through this mechanism that HRSA hopes to improve access to geriatric care in communities."

Griffin cites three HRSA programs that focus specifically on geriatrics:

GERIATRIC TRAINING FOR FACULTY IN MEDICINE, DENTISTRY, AND BEHAVIORAL/MENTAL HEALTH

In fiscal year 2001, this \$2.9 million program supported seven grantees. Through this interdisciplinary program, geriatrics training is provided to physicians, dentists and behavioral health professionals. Each fellow participates in a core geriatrics curriculum as well as in different components of geriatrics related to his or her area of specialty. *For information, visit* <http://bhpr.hrsa.gov/interdisciplinary/faculty.html>

GERIATRICS ACADEMIC CAREER AWARDS

In fiscal year 2001, this \$821,000 program provided support to 15 individuals. (Awards under this program go to individual faculty, not to institutions.) The program's purpose is to prepare geriatricians for academic careers. Each participant must develop a career development program that contains teaching, administration, research and clinical practice. Participants have instituted innovative and model community programs that include developing a senior center from the ground up and implementing a mobile geriatric assessment van. *For information, visit* <http://bhpr.hrsa.gov/interdisciplinary/gaca.html>

GERIATRIC EDUCATION CENTERS

In fiscal year 2001, this \$7.6 million program supported 36 grantees. These centers train health professionals from all disciplines in geriatrics and provide continuing education to geriatric health professionals. They offer a wide range of educational programs on topics from mental health and suicide prevention to health promotion. *For information, visit* <http://bhpr.hrsa.gov/interdisciplinary/gec.html>



(continued from page 12)

insistent beat of rap music emanates from a semi-darkened room. Dr. Busch explains that some of the residents run their own businesses from their rooms.

But not 65-year-old Ms. B, a resident since 1940, who suffers from congenital hydrocephaly. Dr. Busch leans over and asks how she is feeling and whether she is up to getting into her wheelchair that day; then he explains that he will check her vital signs and look for any sores on her skin. Dr. Galluzzi takes a break from chart reviews to visit, stroking Ms. B's head and holding her hand. They joke about their ages, agreeing that they are both "39 – maybe just several years in a row." Ms. B speaks fondly about a recently deceased friend and long-time neighbor at Inglis. Dr. Galluzzi comforts her, saying, "We're all going to die. We're born, we play for a while, and then we die. I know she's watching you from heaven."

• • • • •

Dr. Busch has found his niche in geriatrics. After a year of anesthesiology at the University of Pennsylvania, he recalls, "I was quite unhappy because you don't develop patient relationships and you're not involved in chronic patient care. I enjoy working with the elderly. They are interesting to talk to; they have lived a lot of life. They appreciate what you are doing for them, and that means a lot. You feel like you are accomplishing something."

As a teenager, Dr. Busch recalls, his father was ill with kidney cancer and his mother suffered a stroke. "My dad did well for a long while and then he started to become debilitated," he says. "The treatment he received from doctors and the hospital staff was very impersonal. They didn't comfort him about what would happen after he passed away, and they didn't offer his family any help. Similarly, my mom was very well educated and it was extremely difficult for her not to be able to speak, but the doctors and hospital staff didn't pay attention. I saw those examples of good technical medical care, but poor care of people."

• • • • •

It is a quiet afternoon at St. Ignatius Nursing Home. If Inglis House is typified by rap music and speeding wheelchairs, here one is more likely to see a resident strolling down the corridor arm in arm with an aide, softly singing a spiritual. Others sit in wheelchairs, moving them slowly along with their feet and pausing to gather around the nurses' station to watch the hustle and bustle.

Dr. Busch attends to Mrs. S, 98, who came to the nursing home directly from the hospital after surgery for a hip fracture. He listens to her heart and lungs, and asks if there is anything bothering her. She says softly, "No. I've been blessed by God." Dr. Busch crouches down to remove her sneakers and examine her feet. "There's not a lot we can do for her right now," Dr. Busch says, "but the time will come when she will begin to fail. We will be her advocates, help her through the transition with dignity and keep her comfortable."

Dr. Busch sees patients in the office (top) while Dr. Boornazian makes a home care visit.

Down the hall, Dr. Boornazian sees Ms. L, who at 62 is in hospice with advanced lung cancer. Ms. L notes that she quit smoking that day, and Dr. Boornazian tells her she can eat whatever she'd like. She chooses pork rind snacks, and Dr. Boornazian says that's fine. "We are providing routine care, pain management and treatment for self-limiting illnesses," she explains. "Our goal is to make sure she is comfortable."

* * * * *

QUESTIONS RATHER THAN LECTURES

Back in the office at PCOM, a new patient, a man in his 70s, complains of lower back tenderness, and a urine specimen shows evidence of blood. Dr. Boornazian and one of the medical students stop into Dr. Galluzzi's office to discuss his condition. Dr. Galluzzi notes that urinary tract infections are unusual in men, and starts asking questions: "Has he had prior episodes of hematuria? What are the risk factors for bladder carcinoma?" and so forth. The student answers tentatively at first, and looks to Dr. Boornazian for confirmation. At the end of the conversation, they agree they will send a urine specimen to the lab, order an ultrasound and refer the patient to a urologist. First, however, Dr. Galluzzi will see him as she does all new patients.

"I like to use a pyramid approach to education, having the student present to the resident, who presents to the fellow, who presents to me," she explains. "I also prefer to ask questions of med students rather than to lecture. With the fellows, I provide oversight, typically allowing them to make the decisions unless I really disagree. They know their limitations and come to me when they have doubts. We have good working relationships. It's very rewarding to see people at every level grow as physicians."

Take Anne Giesen, DO, for example. Now in practice in Massachusetts, Dr. Giesen did her family medicine residency at PCOM. "I wanted to do traditional family medicine," she recalls. "Then one day when we were rounding at the hospital, Kate Galluzzi told me I was good with older patients, and asked if I had considered geriatrics."

One thing led to another, and Dr. Giesen completed the geriatrics fellowship program in 2000. "I really enjoyed the program. It is very individualized, and Kate gave me a lot of room to work on my research. She is a constant source of information – I still call to run things by her. Kate is really good at what she does and a great person to learn from. She's also incredibly caring with her patients and a good role model for future geriatricians."

As Dr. Galluzzi tells her students, "A primary goal in geriatrics is quality of life. This lofty goal requires both commitment and expertise. The biggest reward for me is the joy of helping people age successfully, improve existing conditions or achieve a pain-free and accepting end-of-life." And she remains hopeful that the number of geriatricians in the United States will increase as medical students and family physicians are exposed to this richly rewarding, yet demanding specialty.



AGS PROJECT seeks to BOOST GERIATRICS EXPERTISE in surgical and medical specialties

Recognizing the need for improved health care for older persons, the John A. Hartford Foundation announced in September 2001 its renewed support of the American Geriatrics Society's (AGS) project, "Increasing geriatrics expertise in surgical and medical specialties," co-directed by David H. Solomon, MD, professor emeritus of geriatric medicine at the University of California at Los Angeles School of Medicine, and John R. Burton, MD, director of geriatric medicine and gerontology at Johns Hopkins University School of Medicine.

"Before this project was launched in 1994, most efforts to increase the supply of physicians with special skills in the care of older adults focused on family practice, internal medicine, neurology and psychiatry," Drs. Solomon and Burton told *AGS Newsletter*. "Little attention was paid to the surgical and related medical specialties, even though the importance of including geriatrics training in all specialty areas had been called for by many national organizations."

The project is committed to three broad objectives: improving the amount and quality of geriatric education available to medical and surgical residents; identifying and supporting specialty faculty in promoting geriatric training and research within their own professional disciplines; and assisting professional certifying bodies and professional societies in improving the ability of their constituencies to care for elderly patients.

The Hartford Foundation awarded a \$5.9 million grant to fund phase III of the project, which will continue to April 2005.

For more information, visit the AGS Web site at <http://www.americangeriatrics.org>.

Dr. Galluzzi says,

"The biggest reward

for me is the joy

of helping people

age successfully..."





WHY DON'T PATIENTS COMPLY?

A PCOM PSYD STUDENT TACKLES THE SUBJECT IN HER DOCTORAL DISSERTATION AND COMES UP WITH SOME INTERESTING IDEAS.

ONE IN A SERIES OF ARTICLES ON RESEARCH AT PCOM

You explain their condition, consider the treatment options and set forth a regimen for patients to follow. Still, studies show that half of patients don't adhere to a long-term treatment plan as presented by their physician.

Frequently, patients won't make or maintain pivotal lifestyle changes, take medication exactly as prescribed or alter their diet significantly. "Why, oh, why don't they comply?" has become an all-too-familiar refrain for countless physicians who are left shaking their heads in frustration over the connection that somehow is lost.

But why, exactly, is it that so many patients don't adhere to medical advice, and can anything be done about it?

Cheryl Patchin (PsyD '02) built her doctoral dissertation around patient non-compliance, under the guidance of

Robert A. DiTomasso, PhD, ABPP, professor, vice-chairman and director of clinical research, department of psychology. Her dissertation is titled "Structured multi-faceted cognitive behaviorally-oriented assessment and treatment of nonadherence to medical advice: a case study."

The great majority of PsyD students choose a required clinical research project that includes 100 participants or more in topics that include caregiving, anger management, animal-assisted therapy, borderline personality disorder, passive-aggressive personality disorder, distortions in thinking and many more. "There are case studies and empirical studies centered around the cognitive behavioral therapy model," explains Dr. DiTomasso. "Every student does one for his or her dissertation, under our scholar-clinician model. A good clinician needs to be able to understand the literature."

Cheryl Patchin (PsyD '02) discusses her research findings with Robert A. DiTomaso, PhD, ABPP, professor, vice-chairman and director of clinical research, department of psychology.

Patchin was able to study one patient in great detail. In the end, she achieved results that helped the patient while further developing her own thinking about the critical issue of patient non-compliance. Her 20 years' experience as a clinician, not uncommon among PCOM's PsyD students, also helped.

Patchin learned that if you're able to delve deeply enough, you'll find there are reasons for non-compliance – and that potential list of reasons is as long as your imagination allows. "I was lucky enough to be working for a physician

"The doctoral students are engaged in many different types of studies, with the average number of subjects at 130 for each research project."

—Stephanie Felgoise, PhD, associate director of research, director of PsyD program

who asked me to consult on a case in which a woman had dangerously high blood pressure and wasn't adhering to medical advice," notes Patchin.

The physician called in Patchin to see if she could help. "There's an immense universe of factors and

each person has their own constellation," analogizes Patchin. "It's up to the clinician to telescope in, look at the constellation and develop strategies."

In this case, the patient was a woman with severe hypertension. She would not take medication and was generally non-compliant, although the physician was unable to learn why.

Patchin had nine sessions with the patient. The PsyD student learned the patient was not taking medication, in part, because there had been a history of drug abuse in her family and she associated taking medication with that negative history. Patchin developed a two-pronged plan – to use cognitive behavioral therapy to treat the woman and to use the physician and educational pamphlets to educate her about hypertension and about the importance of treatment. "She didn't realize how serious it was," recalls Patchin.

"The physician of today doesn't have the time to treat non-compliance when it's complex," says Patchin. "But when appropriate, he or she might consider referring complex cases to a health psychologist." Most managed care plans cover some type of psychological help.

THE ASSESSMENT

A major part of the research of Cheryl Patchin (PsyD '02) involved developing a questionnaire, with the help of Dr. DiTomaso, for evaluating non-compliant patients. The lengthy questionnaire, which is being pared down, is under the copyright of both Patchin and Dr. DiTomaso.

A small sample of questions from the survey:

- Do you usually take prescribed medications as recommended?
- Do you tend to stop treatment when your symptoms go away?
- Do you believe you can do anything to change your medical condition?
- Do you delay in seeking medical care even after you are not feeling good?
- Do you think that your condition will be with you for life?
- Do you believe that you are taking too many medications?

For more information, contact Robert A. DiTomaso, PhD, ABPP, professor, vice-chairman and director of clinical research, department of psychology, at:

PCOM
4190 City Avenue
Philadelphia, PA 19131-1693

Phone: (215) 871-6442
Fax: (215) 871-6458
E-mail: robertd@pcom.edu

Non-compliance is highly individualized. "If the physician refers for this type of case, it's important to let the patient know they're not being abandoned by the doctor, but that the psychologist, in this case, is a member of the health care team," emphasizes Patchin.

Non-adherence to medical advice is not an all-or-nothing proposition. "A patient might take one medication, but not another. Or, they might take it half of the time," Patchin says. "The patient might adhere to just part of the dietary changes ordered, or exercise less frequently, less intensely or otherwise in a different manner than that prescribed by their doctor.

"What we know from studies is the more chronic the problem and more long-term the regimen, the greater the non-compliance," Patchin concludes.





CLASSNOTES

Wayne R. English, Jr., DO '58, FFAO

Stanley Schiowitz, DO '44, FFAO

Two PCOM alumni win AAO's highest award

Two PCOM alumni were honored with the American Academy of Osteopathy's (AAO) most prestigious award at the organization's 2002 Annual Convocation held this spring in Norfolk, Va. Wayne R. English, Jr., DO '58, FFAO and Stanley Schiowitz, DO '44, FFAO each received the Andrew Taylor Still Medallion of Honor, awarded in recognition of their exceptional understanding and application of osteopathic principles, among other accomplishments in scientific or professional affairs. Both were recommended for this honor by their Academy peers.

Dr. English has enjoyed a distinguished career in sports and rehabilitation medicine. He has been a faculty member at Kirksville College of Osteopathic Medicine and Texas College of Osteopathic Medicine where he still holds an adjunct professorship.

Dr. Schiowitz is dean and provost of the New York College of Osteopathic Medicine (NYCOM) of the New York Institute of Technology.

50s

Albert Honig, DO '51, Doylestown, Pa., had his book, *Hard Boiled Eggs and Other Psychiatric Tales*, published by North Street Publishers. He is board certified in psychiatry, and is the medical director emeritus of Foundations Behavioral Health in Doylestown. He is also a clinical

assistant professor at PCOM and a consultant in psychiatry at Doylestown Hospital.

Jerome A. Greenspan, DO '54, Boca Raton, Fla., was named clinical professor in the department of surgery at Nova Southeastern University—College of Osteopathic Medicine. Board certified in proctology, he is a fellow of the American Osteopathic College of Proctology.

Donald Stanton, DO '57, Manitou Beach, Mich., received the "Walter E. Patenge Medal of Public Service" from the Michigan State University College of Osteopathic Medicine. Dr. Stanton is professor emeritus of physical medicine and rehabilitation at the college.

Domenic M. Falco, DO '59, Allentown, Pa., was granted life membership by the Pennsylvania Osteopathic Medical Association's Board of Trustees. He practices at Emmaus Avenue Family Practice in Allentown.

60s

David J. Davis, II, DO '62, New Hope, Pa., joined Upper Providence Pediatrics and Family Medicine and Great Valley Health. He is board certified in family practice and pain management.

Alan J. Miller, DO '62, Elkins Park, Pa., was appointed to the faculty of MCP/Hahnemann University's department of family medicine.

Larry H. Kaliner, DO '67, Haverford, Pa., was granted life membership by the Pennsylvania Osteopathic Medical Association's Board of Trustees. He has retired from family practice.

Gary D.A. Lewis, DO '67, Hummelstown, Pa., was granted life membership by the Pennsylvania Osteopathic Medical Association's Board of Trustees. He has retired from obstetrics and gynecology.

70s

David D. Goldberg, DO '71, Dayton, Ohio, was appointed medical director of Greene Memorial Hospital in Xenia, Ohio. He is a family practitioner specializing in addictive diseases.

George E. Piper, Jr., DO '71, Haddonfield, N.J., was named associate dean for Graduate Medical Education at the University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine. Under his direction, the school developed a national reputation for its osteopathic graduate medical education program. He was instrumental in forming the school's osteopathic post-doctoral training program.

D. Wesley Minter, Jr., DO '72, Worthington, Pa., was named medical director of Pittsburgh Mercy Hospital System's Primary Care Group. He also has been serving as chairman of its Primary Care Advisory Board.

Robert A. Promisloff, DO '73, Bryn Mawr, Pa., co-authored an article titled "Interstitial lung disease case report and discussion," which appeared in the *Journal of the Pennsylvania Osteopathic Medical Association*. He specializes in pulmonary medicine and critical care medicine.

CLASSNOTES

DAVID REVAK, DO '70
CHRIS O'NEIL, DO '97



Press Enterprise photo by Jimmy May

Above: Catherine O'Neil, MD and Chris O'Neil, DO '97, left, have replaced David Revak, DO '70 and Blairanne Revak, MD, at Family Care Associations in Bloomsburg, Pa.

Two for two

When David Revak, DO '70, and his wife, Blairanne Revak, MD, decided to retire from their practice at Family Care Associations in Bloomsburg, Pa., their replacements bore a striking resemblance to the retiring couple. Like the Revaks, they are a married couple, one of whom is a PCOM graduate. Chris O'Neil graduated from PCOM in 1997, and his wife, Catherine, graduated from Jefferson Medical College in 1996. They met during a residency at Geisinger Medical Center.

It makes sense that the O'Neils should take over where the Revaks left off. Chris O'Neil and David Revak have been family friends for years. Dr. Revak mentored Dr. O'Neil and began encouraging him at the age of 13 to consider going to medical school. "The Revaks are what we envision family doctors to be," Dr. O'Neil says. "I hope we can carry on the tradition."



CLASSNOTES

David J. Rissmiller, DO '74, Cherry Hill, N.J., co-authored an article titled "Update on major depression for primary care physicians," which was published in the *Journal of the New Jersey Association of Osteopathic Physicians & Surgeons*.

Jeffrey A. Lindenbaum, DO '75, Ivyland, Pa., was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association. Board certified in family practice, he is also a diplomate of the National Board of Osteopathic Medical Examiners. A fellow of the American College of Osteopathic Family Physicians, Dr. Lindenbaum has offices in Bensalem and Bristol, Pa.

F. William Maguire, DO '76, Lincoln University, Pa., was elected to the Chester County Board of Health. He specializes in internal medicine.

Kenneth J. Veit, DO '76, Lafayette Hill, Pa., co-authored the article "Innovative approaches to educating medical students for practice in a changing healthcare environment: the national UME-21 project," published in *Academic Medicine*.

Daniel D. Wert, Jr., DO '77, Lancaster, Pa., retired early from anesthesiology in order to donate his time to international agencies focusing on pediatric surgery. He has been to Central and South America as well as Asia many times, averaging about three trips a year.

Prentiss W. Adkins, Sr., DO '78, Frankford, Del., was highlighted in an article titled "The doctor stepped out...on his own," which appeared in the *Delaware Wave*.

Michael R. Frappier, DO '78, Flint, Mich., was elected president of the Flint County Osteopathic Association.

Samuel J. Garloff, DO '78, Orwigsburg, Pa., was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

Steven Kamajian, DO '78, Agour Hills, Calif., was highlighted in the "Doctors who go the extra mile" section of *Medical Economics*, October 2001 issue. He received an award from the Conejo-Las Virgenes Future Foundation in the category of "citizen of the year for health care and business" for Los Angeles County. He also received a certificate from the legislature of the State of California for the volunteer and teaching activities mentioned in the *Medical Economics* article. He received a certificate of appreciation from Many Mansions, a local non-profit low-cost housing organization. He is currently president of the American College of Osteopathic Family Physicians for the State of California and is on the board of OPSC (the state of California's osteopathic medical society). He was elected secretary treasurer and is chief of staff-elect of Glendale Adventist Medical Center.

David Kaufman, DO '78, Okemos, Mich., is professor and chair of the department of neurology at Michigan State University.

Madeleine L. Long, DO '78, Berwyn, Pa., retired from her practice on November 30, 2001. Her specialty was internal medicine.

Paul Evans, DO '79, Broken Arrow, Okla., co-authored an article in the *Journal of the American Osteopathic Association* titled "End-of-life decisions: physicians as advocates for advance directives."

John Morlino, DO '79, Orlando, Fla., received the "Best DO in Disney" award.

80s

David A. Bitonte, DO '80, Paris, Ohio, was elected to serve a second year as president of the American Osteopathic College of Anesthesiologists.

Phillip C. Ginsberg, DO '80, Narberth, Pa., became a fellow of the College of Physicians of Philadelphia.

Brian B. Kimmel, DO '81, Ivyland, Pa., has been granted the title Certified Medical Director in Long Term Care by the board of directors of the American Medical Directors Certification Program.

Donald H. Taylor, DO '81, Accokeek, Md., was promoted to clinical professor of psychiatry at George Washington University. He is a fellow of the American Psychiatric Association and has six board certifications.

Paul F. Dende, DO '82, Clarks Summit, Pa., was elected to the board of trustees of the Pennsylvania Medical Society. He will represent all doctors from Carbon, Lackawanna, Monroe, Northampton, Pike and Wayne counties. He is an internist and addictive disease specialist in Dunmore, Pa.



Louis A. DiToppa, DO '83, Huntingdon, Pa., was elected vice president of the medical staff of the University of Pittsburgh Medical Center.



CLASSNOTES

Douglas E. Mazzuca, DO '83, Hockessin, Del., was elected to the board of trustees of South Jersey Health Corporation, Inc.

Frank J. Yanoviak, DO '83, Sunbury, Pa., joined the staff at Evangelical Community Hospital. He specializes in anesthesiology. He is board certified by the American Board of Anesthesiology and is board eligible for pain management. He is also a staff anesthesiologist for medical missions to Nicaragua and Ecuador.

Richard D. Kimmel, DO '84, Boca Raton, Fla., is chairman-elect of the American College of Osteopathic Surgeons.

Thomas Paparella, DO '84, Harleysville, Pa., co-authored an article titled "Medication Errors" that appeared in *Emergency Medicine*, September 2001.

Michael J. Sarik, DO '84, Wintersville, Ohio, was granted medical staff privileges at East Liverpool City Hospital. Dr. Sarik is a cardiologist/electrophysiologist with fellowship training in electrophysiology.

Rebecca A. Druash, DO '85, Media, Pa., opened a new practice, Healthy Start Pediatric and Adolescent Medicine. After 15 years as a pediatrician, she is embarking on a new phase of her career as a solo practitioner of traditional pediatric and adolescent medicine.

Joseph J. Kuchinski, DO '86, Morristown, N.J., is the director of the new DME and Emergency Medicine Auxiliary Program at New York United Hospital Medical Center in Port Chester, N.Y.

Ronald F. Sing, DO '86, Charlotte, N.C., co-authored a case report titled "Guidewire incidents with inferior vena cava filters," published in the *Journal of the American Osteopathic Association*.

George E. Stefanelli, DO '86, Warm Springs, Ga., joined the surgical staff at Georgia Baptist Meriwether Hospital. He also opened a new obstetrical and gynecological practice, Georgia Baptist Meriwether OB/GYN Associates.

Gerald Tadley, DO '86, Southampton, Pa., joined his family practice with Einstein Neighborhood Healthcare. He is board certified by the American College of Osteopathic General Practitioners.

Katherine C. Erlichman, DO '87, Bedford, Pa., has been elected president of the staff at UPMC Bedford Memorial Hospital. She is also the founder of the Lymphedema Foundation at the hospital.

Wayne Hentschel, DO '87, Chester Heights, Pa., was named medical director for the Phoenix Occupational Medical Center in Plymouth Meeting, Pa. He also was promoted to the rank of lieutenant colonel in the U.S. Air Force Reserves. He is a flight surgeon and critical care air transport team physician for the 514th Aeromedical Staging Squadron (ASTS) at McGuire Air Force Base, N.J.

Scott Naftulin, DO '87, Orefield, Pa., was named to the workshop faculty of the International Spinal Injection Society. A partner at Northeastern Rehabilitation Associates in Bethlehem, Pa., he is a physiatrist specializing in spinal and musculoskeletal medicine.

Kenneth R. Bill, DO '88, Falls Creek, Pa., is medical director of the Clarion Psychiatric Center.

Stanley T. Bohinski, DO '88, Wilkes-Barre, Pa., was appointed medical director of the Dallas State Correctional Facility in Chase, Pa. He oversees the medical care of approximately 1,800 level 3 inmates. He maintains an independent, solo family practice in Wilkes-Barre.

Coleen Smith, DO '89, Johnson City, Tenn., opened a new practice, Johnson City Osteopathic Medicine. JCOM is a family practice with an emphasis on osteopathic manipulation and wellness.

90s

Louis J. Boyle, DO '90, Scranton, Pa., became a fellow of the American College of Physicians-American Society of Internal Medicine.

Harry T. Madison, DO '90, Philadelphia, Pa., co-authored an article titled "Update on major depression for primary care physicians," which was published in the *Journal of the New Jersey Association of Osteopathic Physicians & Surgeons*. His specialty is psychiatry.

James J. Tayoun, DO '90, Philadelphia, Pa., co-authored an article titled "Intercarotid paragangliomas: clinical, diagnostic and therapeutic aspects presented in two case studies," which was published in the *Journal of the Pennsylvania Osteopathic Medical Association*. He specializes in cardiothoracic/vascular surgery.

News from the North Arabian Sea

Lt. Nishith Jobanputra, DO '99, MPH, was deployed on the *USS Bataan* (LHD-5) on September 19, 2001 as a general medical officer. In a series of e-mail correspondence, he spoke of life off the coast of Pakistan.

December 10, 2001

"We've been here for several weeks now conducting operational missions and supporting our Special Operations forces and Marines in country. Last Wednesday we conducted the first ever humanitarian and mass casualty response on *USS Bataan* when we received nine Afghans for medical care. They were in critical condition, having been injured in a friendly fire accident 18 hours prior. A couple were intubated in the field and bagged manually for several hours while others had chest tubes, severe extremity injuries and fractures. Four days later, we transported six of the nine to Pasni, Pakistan; they were received by an Air Force C130 and transported to Siebe, Oman for further evaluation and care....The medical department was quite busy during that time (we spent countless hours in the ICU and in the OR) and we seem to be heroes on board. Journalists abound, and I've been interviewed by a couple. Trying to conduct normal business proves challenging. We still have to MedEvac three other Afghans at some point. During all that, we had a couple other MedEvacs for ectopic pregnancies and nephrolithiasis.

"We're approaching the halfway point of the cruise and there are fewer than 100 days to go. Today is a no-fly day – there is a 'fun run' on the flight deck followed by a steel beach picnic. It doesn't get much crazier than that. A few days ago, Gary Owens, a comedian, performed a show for us. I don't know who he is either, but he was entertaining. Allegedly, the cast of the Drew Carey show will visit around Christmas. I also recently met Lt. Col. (retired) Ollie North; he was on board with Fox News.

"I'm also working towards earning the surface warfare medical officer qualifications; my oral board exam is in ten days (successfully completed on December 22). All liberty ports have been cancelled for weeks now. The consequence is a blossoming bank account aided by tax-free income.

LT. NISHITH JOBANPUTRA, DO

'99



January 5, 2002

"We have been out to sea for over 75 days at this point; our last port visit was Souda Bay, Crete. My duties include running daily sick call (about 280 patients per month), arranging the duty schedule for the embarked physicians, performing all physicals, female annual exams, confinement screenings for all prisoners in the shipboard brig, overseeing the smoking cessation program, overseeing the hearing and sight conservation programs

and conducting galley and berthing inspections as necessary to prevent/contain any outbreaks.

"Patient care is significantly different when performed on an operational shipboard command. Although we are the largest and essentially most advanced medical facility afloat (except the two hospital ships), there are indeed limitations. Thankfully, we have a pretty reliable digital radiography system with an interface with National Naval Medical Center, Bethesda. A fairly well-stocked pharmacy and some ingenuity bolsters our abilities as well.

January 17, 2002

"Life out here remains hectic. As our military operations continue, we've been in the news quite frequently. I have not had any interaction with the high-profile detainees, though. Our patients from the mass casualty have all been transported to their respective destinations.

"The monotony can be excruciating; I'm thankful that the other docs and the wardroom in general are pretty tight, so the atmosphere is still decent. I'm numb to the concept of liberty ports, though. I had three days in Souda Bay – that's it.

"I hear that the mood at home is positive, with a great deal of support for the military. I hope it continues – it's damn well deserved."

January 29, 2002

"We've now been deployed over 130 days and would normally be winding down, anticipating a homecoming. The celebration is still expected, but our objectives and official date of homeport are still uncertain, adding a level of frustration. Day-to-day life remains busy (despite the lack of liberty ports) as we attempt to maintain positive attitudes."



CLASSNOTES

RICHARD JERMYN, DO '92



Taking a comprehensive approach to AIDS pain

Pain. We've all experienced it. From a headache, to a broken bone, to the flu. For most of us, some pain reliever and bed rest solves the problem. Now imagine being so sensitive that a breeze against bare skin causes unbearable pain. That's one example of the type of pain caused by AIDS. Pain that

Richard Jermyn, DO '92, has devoted his life to treating. Jermyn is the founder and director of the University of Medicine and Dentistry of New Jersey's Comprehensive Pain Center in Voorhees, New Jersey.

"My goal after finishing residency was to start a center to treat AIDS and HIV-related pain," relates Jermyn. "For people who get involved in treating HIV and AIDS, it's a calling. It's such a complex and multifaceted field that it has to be something that's in your blood. You can't not do it."

Opened in 1998, the pain center is unique because it is dedicated solely to the treatment of AIDS patients. "Traditionally, HIV pain was treated in the same way as cancer pain," explains Jermyn. "But AIDS-related pain has its own causes and requires its own treatments." There are three major causes of AIDS-related pain – the effects of HIV on the neuromuscular system, side effects from the drug "cocktails" used to treat AIDS and secondary infections caused by a weakened immune system.

In addition to the types of pain experienced by the AIDS patient, there are three levels of pain – physical, psychological and spiritual. The Center employs a multidisciplinary approach to pain management that includes physical therapy, podiatry, psychiatry, spirituality and detoxification. "Because we offer patients all these services under one roof," says Jermyn, "we're a prototype for all pain management centers. I think this model is the future."

Because the pain clinic is unique, physicians come from all over the country to train there, and Jermyn offers preceptorships to students. In addition, Jermyn is currently writing a chapter on pain management for a book being published by Baylor University.

"Five years ago, treating AIDS was an end-of-life issue," says Jermyn. "Today, it's a quality-of-life issue. We're playing a whole new ball game."

James A. Groff, DO '91, Landisville, Pa., received the "Excellence in Clinical Teaching" award and "Teacher of the Year" award, presented by the 2001 graduating class of Penn State College of Medicine.

William S. Hirsch, DO '91, Yardley, Pa., was inducted as a fellow of the

American College of Cardiology. He practices at Mercer Bucks Cardiology in Yardley.

Nancy J. Lobby, DO '91, Boynton Beach, Fla., joined Urologic Specialists in Wellington, Fla.

Andrew D. Montemarano, DO '91, Bethesda, Md., completed a micro-graphic surgery fellowship under the direction of Donald J. Grande, MD, of Boston University. He has joined the Skin Cancer Surgery Center in Bethesda.

Joseph J. Stella, DO '91, Pittston, Pa., joined the heart surgical team at Mercy Hospital Wilkes-Barre. He is a cardiovascular-thoracic surgeon specializing in off-pump cardiac bypass surgery. He is board certified in general and cardiovascular-thoracic surgery by the American Osteopathic Board of Surgery.

Christopher Still, DO '91, Lewisburg, Pa., spoke at the Centers for Disease Control and Prevention's Task Force Meeting in Atlanta, Ga., regarding the epidemic of obesity in this country. He is the director of the Center for Nutrition and Weight Management at Geisinger Medical Center.

Madeline Goodman, DO '94, Falmouth, Maine, was quoted in the article "Exercise is key to success in weight loss," which appeared in the *Portland Press Herald*.

Scott E. Rosenthal, DO '94, Maple Glen, Pa., joined the Anesthesia and Pain Management Practice at Abington Memorial Hospital, where he will practice both interventional pain management and anesthesia.

James Wiggins, DO '94, and wife Katherine, Grover Beach, Calif., are the proud parents of Anastacia Wiggins, born March 21, 2001.

Salvatore A. Carfagno, DO '95, Voorhees, N.J., has joined Reliance Health Systems, a Pleasantville-based primary healthcare provider physician group.

CLASSNOTES

Stephanie Parsons Eckert, DO '95, Center Valley, Pa., joined Lehigh Valley Women's Medical Specialties. She currently resides in Center Valley with husband, Joseph, and son, Connor.

Leo H. Eschbach, Jr., DO '95, Lewes, Del., was featured in an article published in the *Cape Gazette* titled "Menopause health issues should be addressed."

Frances A. Feudale, DO '95, Drums, Pa., was appointed assistant director of the physician assistance program at King's College.

Michael Fiorina, DO '95, and wife Kristen, Butler, Pa., are the proud parents of Hope Marie Fiorina, born April 25, 2001. She joins brothers Christopher and Benjamin.

Tana Fishman, DO '95, was quoted in the article "Coming to terms with terror," which was published in the *City Line News*, October 3, 2001.

Jeffrey Gold, DO '95, Reading, Pa., has been certified by the Federal Aviation Administration as an Aviation Medical Examiner. He also is the proud father of Kyle Nathaniel, born September 27, 2001.

Donald D. Golobek, DO '95, Nanticoke, Pa., joined Dr. Ronald W. Callenberger in practice at Northern Tier Orthopedics. He is a lieutenant in the United States Navy Reserve. He plans to reside in Wellsboro, Pa., with his wife, Mona, and their two-month-old son, Christopher.

Darren J. Hohn, DO '95, Sugarloaf, Pa., has opened an ear, nose and throat medical/surgical practice with Thomas G. Pollock, DO '95, at the Greater Hazleton Health Alliance.

Carolyn Isanier, DO '95, Ambler, Pa., is in her second year of private practice in obstetrics and gynecology at Doylestown Women's Health Center.

Evelyn Parish, DO '95, Cheraw, S.C., opened a new internal medicine practice at Chesterfield General Hospital in Cheraw.

Robert M. Parrick, DO '95, Beaufort, S.C., joined Lowcountry Medical Group. He is board certified by the American Board of Internal Medicine and is a member of the American College of Physicians.

Michael Pistoria, DO '95, Hummelstown, Pa., has been named assistant program director of the categorical and transitional internal medicine residency programs at Lehigh Valley Hospital. He was also named "Clinical Teacher of the Year" in internal medicine for 2000-2001.

Thomas G. Pollock, DO '95, Lehigh, Pa., has opened an ear, nose and throat medical/surgical practice at the Greater Hazleton Health Alliance with Darren J. Hohn, DO '95.

Chad M. Rutter, DO '95, York, Pa., was highlighted in an article published in the *York Daily Record* titled "In one medical practice, the student joins the teacher." He specializes in orthopedics.

James T. Barber, Jr., DO '96, Girard, Ohio, joined St. Joseph's Health Center's Women's Care Center in Warren, Ohio, where he specializes in OB/GYN.

Greg W. Coppola, DO '96, Erie, Pa., has been appointed co-director of the Saint Vincent Primary Care Sports Medicine Fellowship at Saint Vincent Health Center in Erie, Pa. Dr.

Coppola's specialty is running medicine. He was awarded the "Rookie Faculty of the Year" award by the 2001 graduating class at the Saint Vincent Family Medicine Residency. He currently serves as faculty for the Core Content Review and the Society of Teachers of Family Medicine as a sports medicine specialist. In addition, he received the "Innovation of Care Delivery" award from the Saint Vincent Medical Group for his work in developing a new 3,500-square-foot Saint Vincent Sports Medicine Center.

Jarad S. Fingerman, DO '96, Philadelphia, Pa., placed first in the Resident Paper Competition for Urological Discipline for his paper titled "Laparoscopic renal cryoablation," which was presented at the American College of Osteopathic Surgeons Convention.

Tiffany Frazer, DO '96, Miami, Fla., has opened a pediatric practice in Miami.

Demetrios Halikiopoulos, DO '96, Whitestone, N.Y., has completed his fellowship in glaucoma and is now assistant professor of ophthalmology and an attending physician at the Mount Sinai Medical Center in New York.

Andrew J. Hutchinson, DO '96, Blackwood, N.J., co-authored an article titled "Intercarotid paragangliomas: clinical, diagnostic and therapeutic aspects presented in two case studies," which was published in the *Journal of the Pennsylvania Osteopathic Medical Association*. He specializes in general surgery.

Christopher Mehallo, DO '96, Sarasota, Fla., completed his primary care sports medicine fellowship at Lutheran Hospital. He also joined Advanced Sports Medicine Center.



CLASSNOTES

Mark G. Ronchi, DO '96, Franklin, Pa., has joined the medical staff at Northwest Medical Center.

B. Drew Wellmon, DO '96, Shippensburg, Pa., was board certified in family medicine by the American Osteopathic Board of Family Physicians.

Maria Henwood-Storto, DO '97, Voorhees, N.J., has begun a three-year fellowship in pediatric endocrinology at the Children's Hospital of Philadelphia.

Denise Klynowsky-Farrell, DO '97, Wilkes-Barre, Pa., opened a new practice, Klynowsky Family Practice.

James W. Mansberger, DO '97, Huntingdon, Pa., has joined the staff at J.C. Blair Memorial Hospital and the Mount Union Area Medical Center.

Julianne S. Orlowski, DO '97, Shaker Heights, Ohio, began a fellowship in the department of rheumatic and immunological diseases at the Cleveland Clinic Foundation. The fellowship is a two-year program of clinical practice and research, which will lead to a subspecialty in rheumatology.

Rebecca A. Reed, DO '97, Medford, N.J., has joined Medford Pediatrics.

Eric C. Stanger, DO '97, Ridgway, Pa., has joined the Medical Express Center staff at Elk Regional Health Center.

Todd E. Stapley, DO '97, Belfast, Maine, received his board certification in internal medicine from the American Osteopathic Board of Internal Medicine and has opened a private practice.

Francesco Mangano, DO '98, East Northport, N.Y., co-authored a chapter, titled "Epilepsy and brain tumors," published in the book *Managing Epilepsy and Coexisting Disorders*.

Dana Ferrara Planer, DO '98, Punta Gorda, Fla., has joined Murdock Family Medicine as a general internist in Port Charlotte, Fla.

Dana E. Sless, DO '98, Philadelphia, Pa., joined the Reliance Medical Group. Dr. Sless is a pediatrician. She completed her pediatric residency at the Albert Einstein Medical Center of the Thomas Jefferson University Health System.

Nicole Zimmerman, DO '98, Lititz, Pa., has joined Ephrata Family Practice Associates.

Shannon Conrad, DO '99, Philadelphia, Pa., married Mark Adamczyk in June 2000.

Todd C. Morehouse, DO '99, and his wife Jennifer, Philadelphia, Pa., are the proud parents of Kaitlin Alexandra Morehouse, born November 6, 2000.

Vietnhan H. Nguyen, DO '99, Broomall, Pa., was appointed chief resident of internal medicine at William Beaumont Army Medical Center.

Lori A. Chapleskie, DO '01, Chalfont, Pa., co-authored an article titled "Intercarotid paragangliomas: clinical, diagnostic and therapeutic aspects presented in two case studies," which was published in the *Journal of the Pennsylvania Osteopathic Medical Association*.

Neil A. Mushlin, DO '01, Penn Valley, Pa., co-authored an article titled "Interstitial lung disease case report and discussion," which was published in the *Journal of the Pennsylvania Osteopathic Medical Association*.

Frank Yanovich, DO '01, Sunbury, Pa., has joined the staff at Evangelical Community Hospital where he specializes in anesthesiology. Dr. Yanovich is board certified by the American Board of Anesthesiology and is board eligible for pain management. He also is a staff anesthesiologist for medical missions to Nicaragua and Ecuador.

Certificate of Merit awarded

PCOM's Alumni Association board of directors awarded the following alumnus a certificate of merit for outstanding achievement in osteopathic medicine:

Robert D. Pelicata, DO '77, Peckville, Pa., for his extraordinary efforts as a volunteer firefighter at Ground Zero and for rendering medical assistance at St. Vincent's Emergency and Triage Center.

00s

Louis J. Bevilacqua, PsyD '00, Downingtown, Pa., is the co-author of "Comparative treatments for relationship dysfunction."

CLASSNOTES



In Memoriam

F. Harrison Aldrich, DO '61, Unity, Maine, December 7, 2001.

Robert L. Amidon, DO '62, Fremont, Ohio, December 24, 2001.

Norma Christensen-Schenk, DO '53, Huntingdon Valley, Pa., November 29, 2001.

Benjamin F. Dickinson, DO '37, Sebastian, Fla., September 30, 2001.

Roy G. Dorrance, DO '38, Pittsburgh, Pa., September 8, 2001.

John M. Finnerty, DO '44, New Port Richey, Fla., December 6, 2001.

Joseph A. Furey, DO '42, Wildwood, N.J., November 27, 2001.

Anthony Gagliano, DO '49, Tulsa, Okla., September 8, 2001.

David J. Hackett, DO '51, Allentown, Pa., November 1, 2001.

John M. Hoag, DO '34, Yarmouth, Maine, November 20, 2001.

Elias Kaggen, DO '38, Brooklyn, N.Y., December 17, 2001.

Bernard LaBove, DO '42, Haverford, Pa., November 21, 2001.

Charles W. Norton, DO '42, Santa Rosa, Calif.

Edward G. Pierce, DO '37, Clarion, Pa., December 22, 2001.

Michael Ritaldato-Rialto, DO '77, La Jolla, Calif., December 31, 2001.

Edward D. White, DO '40, Whitehall, Pa., November 22, 2001.

A Family's Osteopathic Legacy

The late **Robert L. Amidon, DO '62**, proudly promoted the osteopathic profession throughout his 38-year career as a family practitioner. The son of **C. Donald Amidon, DO '26**, Dr. Amidon passed on the family's osteopathic legacy to his three children who are now DOs. In addition, both of his daughters married osteopathic physicians.



Seated, the late **Robert L. Amidon, DO '62**; standing, from left, **Michael E. Grillis, DO '87, WVCOM** (son-in-law); **Melanie Amidon Grillis, DO '89, OUCOM**; **Timothy Amidon, DO '01, OUCOM**; **Suzanne Amidon, DO '92**; and **Frank M. Magro, DO '99, OUCOM** (son-in-law).



ESSAY

My Turn

By Edward John Devine

Perhaps even more than their allopathic colleagues, DOs respect the whole patient, including faith's contribution to the healing process. Much has been written in medical and other publications about the role of faith, which is difficult to define or quantify. In general, the doctor passively discovers a patient has a strong faith and does not interfere with any contribution to the healing process. A knowledgeable doctor can, however, incorporate the power of faith into the treatment plan. To do so, it is critical for the DO to understand the mechanism of faith and also understand the difference between faith and religion.

Faith in God can improve the patient's will and physical condition by relieving stress. The promise of faith is not that God will heal but that God will care for the soul regardless of what happens to the body. God offers courage, strength and serenity as needed, and the patient can contribute physical, mental and spiritual energy to the healing process. When the patient accepts that God's will be done, whatever occurs, he or she can also have faith in the skills and intentions of the doctor.

It's important for the DO to understand the difference between faith and religion. Faith, as we know it, is our relationship with God the creator of all mortals; despite their differences, Jews,

Christians and Muslims all have this same faith. Religions are various sets of interpretations (and misinterpretations) and rules devised by humans. If the doctor knows the difference, it may be possible to invoke the powers of faith over any particular religious teaching that may interfere with patient care.

There are religions that teach God alone can heal, and prohibit any medical care whatever. While a doctor may feel compelled by law or conscience to honor a patient's religious conviction even at the patient's peril, a knowledgeable DO could save a life with his or her ability to override religious teaching with faith beliefs. In time of crisis, a patient or responsible person needing to cling to something may well cling to familiar religious "rules." A religious person may be torn by what is understood as obedience while desperately wanting God's "permission" to survive. The DO may well be the right person – the only person available – to offer that possibility.

Patients of every religion (all established by imperfect humans) share confidence that God cares for us, but there is room for some doubt about His exact "rules" for living. It is universally accepted that God put each of us on earth for some purpose and, in the face of any doubt, it is most faithful to treat our physical being as a sacred temple and

protect it at all cost. God made the doctor, too, gave him or her special knowledge and skill and caused him or her to "love thy neighbor" in a complex and profound way. If there is any doubt whatever, a faithful person must err on the side of self-preservation with the intention of completing God's work on earth and accept God's healing in the hands of the DO.

It may not always be possible for the DO to summon the powers of faith to the benefit of the patient, but it behooves the doctor to try. It may not always be possible to overcome potentially harmful religious teachings, but it is most likely when the doctor is well prepared and acts quickly. In a world where faith exists, it is incumbent upon doctors to study faith and its use as a healing agent. It is vital to learn and develop regimens and protocols to identify and treat people of faith.



Edward John Devine is an American Baptist student, teacher and trainer, and is licensed to preach. He is the father of Matthew Devine (DO '04).

Readers: We welcome your ideas for essays that would be of interest to the PCOM community. Please submit ideas in writing to Chris Dorian, Digest Editor, fax: (215) 871-6307; e-mail: chrisdo@pcom.edu; PCOM Marketing & Communications, 4180 City Ave., Phila., PA 19131.

introducing the

MEMBERSHIP IN THE SOCIETY

Named in honor of "the father of osteopathic medicine," the Andrew Taylor Still Legacy Society recognizes alumni, parents and friends who continue the tradition of support for Philadelphia College of Osteopathic Medicine through their estate plans.

Society members are those who have made provisions to benefit PCOM and have informed the College of this commitment. These provisions include wills or bequests, charitable trusts, annuities and life insurance gifts.

In recognition of their generosity, a list of the Andrew Taylor Still Legacy Society members is published in selected College publications. Members will receive periodic mailings of estate and tax planning information.



foundation, strength & growth

ANDREW TAYLOR STILL Legacy Society

For over a century, many individuals have had the foresight and generosity to plan for the future support of Philadelphia College of Osteopathic Medicine. Their thoughtful gifts have helped to strengthen PCOM's commitment to quality education, patient care, scientific research and community service. Each new generation is called upon to follow in the footsteps of those who have gone before by continuing the legacy of philanthropy.

*Because this tradition is so important, the Philadelphia College of Osteopathic Medicine Foundation is pleased to establish the **Andrew Taylor Still Legacy Society** to acknowledge those inspired people who have made the commitment to help the College secure its future.*

A LEGACY IS A
LIVING REMINDER
OF INDIVIDUALS
WHO CARED
ABOUT THEIR
COMMUNITY
AND SUPPORTED
CAUSES THAT
WERE IMPORTANT
TO THEM.

CHARTER MEMBERS

TO ALL OF OUR CHARTER ANDREW TAYLOR STILL LEGACY SOCIETY MEMBERS,
WE THANK YOU AND ARE GRATEFUL FOR YOUR ONGOING SUPPORT.

J. Weston Abar, DO '47
Joan Abar, DO '63
Anonymous (5)
Walter K. Bradley, DO '58
Mrs. H. Trebing Burnard
Rodney H. Chase, DO '44
Roy L. Gorin, DO '72

William M. King, DO '62
Murry E. Levyn, DO '46
Madeleine L. Long, DO '78, MD
Harry J. Morris, III, DO '78
William A. Rieber, DO '41
George S. Robinson, DO '32

David J. Shingles, DO '75
Chester E. Smith, DO '58
H. Sprague Taveau, IV, DO '77
Maj. James G. Vickers (AUS Retired)
Joan M. Watkins, DO '72
Galen S. Young, Sr., DO '35

If you have already made a planned gift provision for PCOM but have not yet notified us, please consider letting us know so that we may include you as a new member of the Andrew Taylor Still Legacy Society. We would like to thank you for your thoughtful gift, which will inspire and encourage others to create a lasting legacy at Philadelphia College of Osteopathic Medicine.

FOR MORE INFORMATION ABOUT BECOMING A MEMBER OF THE ANDREW TAYLOR STILL LEGACY SOCIETY, or to learn more about planned giving as an effective and satisfying way to achieve your philanthropic goals while significantly reducing your tax burden, contact:

Scott Righter, Major Gifts Officer
Philadelphia College of Osteopathic Medicine
4180 City Avenue • Philadelphia, PA 19131-1695
215-871-6120 • 800-739-3939 • scottr@pcom.edu

PLANNED GIVING
OR CHARITABLE
GIFT PLANNING
REFERS TO THE
PROCESS IN WHICH
A DONOR GIVES AN
ASSET TO ONE OR
MORE NONPROFIT
ORGANIZATIONS
USING METHODS
THAT FINANCIALLY
BENEFIT THE
DONOR, HIS OR
HER HEIRS AND THE
ORGANIZATION(S).



PCOM EVENTS

August 11

Graduate Programs Commencement

August 12

Fall Term Classes begin

August 20

PCOM Board of Trustees Meeting

September 19-22

Annual Clinical Assembly of
Osteopathic Specialists
Disney Contemporary Resort
Orlando, Fla.

September 30

10th Annual PCOM Golf Classic
Whitemarsh Valley Country Club,
Lafayette Hill, Pa.

October 6-10

American Osteopathic Association
Annual Convention
Las Vegas, Nev.



Hi-Tech Marketing

Now prospective students can learn about PCOM via CD-ROM. See story on page 3.



PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
4180 City Avenue Philadelphia Pennsylvania 19131-1695

Address service requested

Non-Profit
Organization
U.S. Postage
PAID
Bala Cynwyd, PA
Permit No. 119

Carol L Weisl
Marketing & Communication